

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

04 - 002

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE(S)

2/1/04

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a FFY 04 (\$12,000)

b FFY 05 (\$16,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 3.1-A, PP. 2A, 3(CONTINUED), 3A, 9;
ATTACHMENT 3.1-B, P. 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
ATTACHMENT 3.1-A, PP 2A, 3, 3(CONTINUED), 3A, 9;
ATTACHMENT 3.1-B, P. 8

SUBJECT OF AMENDMENT: SPECIFY LIMITS ON PODIATRY SERVICES, FIX PAGE NUMBERING P. 3; REMOVE RELIGIOUS NONMEDICAL FACILITIES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

JOHN R. NICHOLAS

14. TITLE:

Acting Commissioner, Maine Department of Human Services

15. DATE SUBMITTED: MARCH 20, 2004

CHRISTINE ZUKAS-LESSARD

Acting Director, Bureau of Medical Services
#11 State House Station

442 CIVIC CENTER DRIVE
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3-25-04

18. DATE:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2-1-04

21. TYPED NAME:

Bruce D. Greenstein

23. REMARKS

maine (04-002)
approved: 06/16/04
effective: 02/01/04

State/Territory: Maine

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY**

Item 5b – Medical and Surgical Services Furnished by a Dentist

See Item 10 below.

Item 6a. Podiatrists' Services

Diagnosis and treatment of problems of the foot. Routine podiatric care will only be covered for members who have severe circulatory, metabolic or systemic disease (e.g. diabetes) and for whom self-care or foot care by a nonprofessional person would pose a threat to the member's condition. Coverage for routine podiatric care is limited to 2 treatments every 3 months or 8 treatments per year. Coverage of mycotic nail treatments is limited to one treatment for up to 10 nails every 60 days. Additional treatments must be prior authorized.

TN No. 04-002

Supersedes

Approval Date: 6-16-04

Effective Date: Feb 1, 2004

TN No. 00-011

HCFA ID: 7986E

State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

c. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of limitations, if any.
☐ Not Provided.

7. Home Health services.

a. Intermittent or part-time nursing services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home

Provided: ☐ No limitations ☒ With limitations*

d. Physical therapy services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

TN No. 04-002

Supersedes

TN No. 00-004

Approval Date: 6-16-04

Effective Date Feb 01, 2004

HCFA ID: 7986E

State/Territory: Maine

- e. Speech-language pathology services provided by a licensed and Medicare certified home health agency..

Provided: ☐ No limitations ☒ With limitations*

- f. Occupational therapy services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

- g. Medical social services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

TN No. 04-002

Supersedes

TN No. 00-004

Approval Date: 6-16-04 Effective Date Feb 01, 2004

HCFA ID: 7986E

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation:

☒ Provided: ☐ No limitations ☒ With limitations*
(See Attachment to Attachment 3.1-B, Page 8)
☐ Not Provided

b. Services provided in Religious Nonmedical Health Care Institutions

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

g. Clozaril Monitoring Services

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

*Description provided on attachment.

TN No. 04-002

Supersedes

Approval Date: 6-16-04 Effective Date: 2/01/04

TN No. 01-009

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

22. **Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).**
// Provided // No limitations // With limitations*
/X/ Not provided
23. **Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.**
- a. **Transportation.**
/X/ Provided // No limitations /X/ With limitations*
- b. **Services provided in Religious Nonmedical Health Care Institutions**
// Provided // No limitations // With limitations*
/X/ Not Provided
- c. **Reserved**
- d. **Skilled nursing facility services for patients under 21 years of age.**
/X/ Provided /X/ No limitations // With limitations*
- e. **Emergency hospital services.**
// Provided // No limitations // With limitations*
- f. **Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.**
/X/ Provided // No limitations /X/ With limitations*
- (See attachment to Attachment 3.1-A, Page 9)

TN No. 04-002

Supersedes

Approval Date: 6-16-04

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TN No: 00-008